

PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC
 2100 PENNSYLVANIA AVENUE, N.W.
 SUITE 800
 WASHINGTON, DC 20037

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/29/2001

03/30/2005

Jean-Raoul Dian

QR6670

1646

TITLE OF INVENTION: METHOD FOR MEASURING THE THICKNESS OF A MAIL ITEM

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

11/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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AKANBI, ISIAKA O

2877

356-630000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SOLYSTIC

Gentilly, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted

4b. Payment of Fee(s): (Please first recalculate any previously paid issue fee shown above)

A check is attached for the NOA Fee payment. Please

Charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.

deficiency, or credit any extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

David J. Cushing

Registration No.

28, 703

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